

UPGRADE LICENSE APPLICATION

(New Application)

Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Phone 501-372-4661

ID# _____

(Located in the top right
corner of your license.)

FILING FEE: \$ _____

This form is to upgrade a Limited – Home Improvement license to an Unlimited - Home Improvement license or to RETURN to a Residential Builders license or Commercial license. This form can NOT be used to obtain a Residential Builder or Commercial license for the first time.

Licensed Entity Name and License #, as it appears on the license:

Contact information for questions regarding this request:

Name: (Please Print) _____

Phone: _____

Please upgrade the current license:

From: (Only check one below)

- ☐ Commercial
☐ Residential Builder
☐ Unlimited - Home Improvement (w/ current specialties)
☐ Limited - Home Improvement (w/ current specialties)

To: (Only check one below, and "attach" all listed below that request)

☐ Unlimited – Home Improvement (**w/ current specialties**)

***A \$50.00 filing fee, balance sheet & proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

☐ Residential Builder (**as previously licensed**)

***A \$100.00 filing fee, balance sheet & proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

☐ Commercial (**Restricted – projects less than \$750,000**)

***A \$100.00 filing fee, compiled financial statement, current \$10,000 surety bond, proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

☐ Commercial (**Projects of any size**)

***A \$100.00 filing fee, reviewed or audited financial statement, current \$10,000 surety bond, proof of workers comp insurance (if 1 or more employees) must be submitted with this form. ***

In addition to the above documentation needed: If it is time to renew the license, the pre-printed renewal application and filing fee associated with the renewal are also required. One check can be submitted for both fees required.

Fees are non-refundable. Send money order or check made out to CLB or Contractors Licensing Board with this application.

By signing this, I understand that I **cannot** do work outside the classification(s) / specialty(s) listed on my license. *** **I also understand that if all the requested information is not submitted with this application, it will "NOT" be processed, and this application is valid for 90 days once received in our office.** *** After 90 days another filing fee, form, etc. will be required.

By: _____ Date: _____
Signature of Owner, Officer, Member, Partner

Please contact Michelle Spoor @ 501-371-1506 or michelle.spoor@arkansas.gov with any questions regarding this form.

OFFICE USE ONLY: Processed by: _____ Processing Fee Paid ☐ Yes ☐ No Revised 8/2017